

Employee Performance Evaluation Attachment

Delinquent Completion of Evaluation Meetings

Employee's Name/PerNr: _____ Job Title: _____

Evaluator/Supervisor's Name: _____

Directions: Record a brief explanation for any evaluation meetings held outside of the required compliance timeframes per 101 KAR 2:180. Supervisor must sign and date.

Performance Plan not completed within January 1st - January 30th due to the following: _____

**I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states the evaluator shall establish a performance plan for each eligible employee no later than thirty (30) calendar days after the start of the performance period.*

Supervisor signature: _____ Date: _____

1st Interim Review not completed within May 1st - May 30th due to the following: _____

**I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.*

Supervisor signature: _____ Date: _____

2nd Interim Review not completed within September 1st – September 30th due to the following: _____

**I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.*

Supervisor signature: _____ Date: _____

3rd Interim Review not completed within January 1st - January 30th due to the following: _____

**I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.*

Supervisor signature: _____ Date: _____

Annual Performance Evaluation not completed within January 1st – January 30th due to the following: _____

**I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.*

Supervisor signature: _____ Date: _____